

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized CommitteeRECEIVED
SECRETARY OF THE SENATE
PUBLIC15 APR -1 PM 3:25
Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

ED GILLESPIE FOR SENATE

ADDRESS (number and street)

PO BOX 71596

Check if different
than previously
reported. (ACC)

RICHMOND

VA

23255

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00555722

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

VA

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the
State of

VA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y

D D / Y Y Y Y Y

Y Y Y Y Y

in the
State of

VA

5. Covering Period

M M / D D / Y Y Y Y Y
11 25 2014D D / Y Y Y Y Y
25 2014Y Y Y Y Y
2014

through

M M / D D / Y Y Y Y Y
12 31 2014D D / Y Y Y Y Y
31 2014Y Y Y Y Y
2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John G. Selph

Signature of Treasurer

John G. Selph

Date

M M / D D / Y Y Y Y Y
03 30 2015D D / Y Y Y Y Y
30 2015Y Y Y Y Y
2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

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(Revised 02/2003)

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